



USED MOTOR VEHICLE PARTS LICENSE INFORMATION

Before you apply for a Parts License, read this section:

Please allow 15 business days to process your application

- **LAWS & RULES** - Review the Laws and Rules at <https://sos.ga.gov/georgia-state-board-registration-used-motor-vehicle-dealers>.
- **BUSINESS LOCATION** – Does your local zoning allow you to operate the business at the proposed location? Check with your local authorities to be sure.
- **ZONING CERTIFICATION FORM** – Must be completed by your local Zoning Authority and submitted with your application, or your application cannot be processed.

FINGERPRINTS –

- You are required to have a fingerprint-processed background check. This is done through a GAPS Service site. Register and set up an appointment time at <https://www.aps.gemalto.com/ga/index.htm> or via phone 1-888-439-2512. If registering online, select Secretary of State (SOS), and USED MOTOR VEHICLE LICENSE where prompted. The fields should auto-populate with this information: ORI number - GA922400Z / Verification Code 922400Z / Reason for Printing - Used Motor Vehicle Dealer License.
- **FEES** - Application fees are **non-refundable** and must be submitted along with the application. **Processing fee of \$10 shall be included in addition to the application fee.**
- **EMAIL ADDRESS** - Provide your email address – this is the main communication used by board staff. It will not be shared with anyone else and is for the Board and Board staff's use only for communication with you.
- **CHANGE IN CONTACT INFORMATION** - Notify the Board if your email address or other contact information changes. Otherwise, you may miss notifications and messages from the Board or Board staff.

Submit the following with your Used Parts Dealer License Application:

- ☐ AN ORIGINAL \$10,000 SURETY BOND
 - Bond must expire on December 31st of odd years. (Example: 12/31/2019)
 - Bond must be in the exact name and physical address as appears on application.
 - Bond must have signed Power of Attorney form attached.
 - Bond must be signed (keep a copy for your records).
- ☐ AN ORIGINAL CERTIFICATE OF INSURANCE
 - List policy number (WE WILL NOT ACCEPT A BINDER NUMBER).
 - List amount of limits (50K/100K/25K).
 - List LOCATION in exact name and physical address as appears on application.
 - List CERTIFICATE HOLDER as State Board of Registration of Used Motor Vehicle Parts, 237 Coliseum Dr., Macon, GA 31217
- ☐ PHOTOS of established place of business which clearly show:
 - Outside of building
 - Signage showing the name of business
 - Inside of office (desk, filing cabinet, landline phone, etc.)
 - Other photos that demonstrate to the Board that your facility is in compliance with rules for established place of business.
- ☐ SECURE & VERIFIABLE DOCUMENT such as your Driver's License or Passport. A complete list of acceptable Secure and Verifiable Documents may be found on the Board's website: <http://sos.ga.gov/admin/files/svd2013.pdf>
- ☐ Affidavit of Citizenship
- ☐ FEES as outlined in the fee schedule and noted on the application
- ☐ Your NMVTIS Identification Number
- ☐ A copy of your SALES TAX APPLICATION (apply for a sales tax number with the Dept. of Revenue)
- ☐ Any CERTIFIED COURT FINAL DISPOSITIONS as required if "YES" is answered to Question #9 on Page 5.

REGULATED METALS RECYCLING LAWS

For additional information on Secondary Metals Recyclers, visit <http://add123.com/jsi/georgia-faq>.

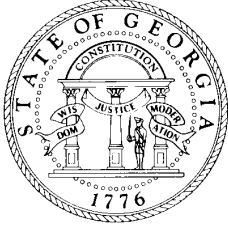
Georgia recyclers are required to report certain information about the vehicles they handle to the state of Georgia. Auto Data Direct is the authorized agent through which affected Georgia businesses may report the required data.

These Georgia requirements affect scrap metal processors, secondary metal recyclers, or used motor vehicle parts dealers located within the state of Georgia, whether or not the person or business operates from a fixed location.

Under the new regulations:

- Secondary Metal Recyclers must register with their county sheriff.
- Secondary Metal Recyclers may no longer pay cash for purchases (other than in exempt transactions).
- Secondary Metal Recyclers may only purchase and sell Regulated Metal Property between the hours of 7:00 A.M. and 7:00 P.M.
- Secondary Metal Recyclers must obtain and retain additional records regarding purchase transactions.
- Secondary Metals Recycler or licensed used motor vehicle parts dealers are required to use an online process to verify that there is not a security interest or lien on a purchased vehicle, upon the establishment of a lien check process.
- Secondary Metals Recycler or licensed used motor vehicle parts dealers will report NMVTIS data to the state of Georgia, and the state will be responsible for reporting required data to NMVTIS.

The law may apply to any person who buys or sells any scrap metal, whether they are a scrap metal processor, secondary metal recycler, or used motor vehicle dealer or parts dealer or a towing or wrecker business buying or selling scrap metal.



**GEORGIA STATE BOARD of
REGISTRATION of USED MOTOR
VEHICLE DEALERS AND USED
MOTOR VEHICLE PARTS DEALERS**

237 Coliseum Dr • Macon, GA 31217
(404) 424-9966

Date Entered _____

Receipt # _____

Submitted \$ _____

Date Issued _____

APPLICATION FOR USED MOTOR VEHICLE PARTS DEALER LICENSE

(Fees are Non-refundable)

Reason for Application (Check Only One Box):

- ☐ INITIAL APPLICATION \$150 + \$10 Processing Fee
- ☐ ADDITIONAL LOT \$150 + \$10 Processing Fee
- ☐ REINSTATE LICENSE # UP _____ \$400 + \$10 Processing Fee

My type of business is: (check all that apply)

- ☐ DISMANTLER & SALVAGE YARD DEALER ☐ REBUILDER ☐ PARTS DEALER

TRADE NAME / DBA NAME _____

FEI # _____

LICENSE HOLDER ("DESIGNEE") INFORMATION

Name of Person Authorized as License Holder for the Dealer ("Designee") _____

Designee's Telephone Number _____

(This person must be authorized on the Affidavit of Authorization of the Designee form and have fingerprints processed)

Residence Address of Licensee Holder ("Designee") _____

City, State, Zip _____

County _____

____ Male ____ Female

____/____/____
Date of Birth

Place of Birth

Social Security No.: ____-____-____

BUSINESS CONTACT INFORMATION

MAILING ADDRESS

Street Address or P.O. Box _____

City, State, Zip _____

County _____

PHYSICAL LOCATION ADDRESS

Street Address (No P.O. Boxes) _____

City, State, Zip _____

County _____

The physical address must be reflected on Certificate of Insurance and will be the address that appears on printed license and on the website.

EMAIL ADDRESS (required – for board notifications only; will not be shared with third parties) _____

BUSINESS TELEPHONE NUMBER _____

Phone Number for Inspector to call to schedule your preliminary inspection: _____

- ☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

Designee's Name: _____

The following questions must be answered by the person authorized as Designee for the business. If the business is a sole proprietorship, owner must answer the questions. Attach additional pages if needed for explanations.

1.	My sales tax number is _____, or attach a copy of your ST-2.		
2.	My NMVTIS Identification Number is: _____. Be sure to review information about the Georgia Secondary Metals Recycling Law on Page 2 and at http://add123.com/jsi/georgia .		
3.	I understand that I must maintain the records required by the Board Rules for 3 years and have them available at all times for inspection.	Yes	No
4.	Does another business operate at the location listed on this application? If so, explain: _____	Yes	No
5.	Has the Designee, or anyone else holding an ownership or financial interest in this business, previously been licensed as an independent used motor vehicle dealer or parts dealer? If so, provide name of person, name of business, and period of licensure: _____	Yes	No
6.	Has the Designee, or anyone else holding an ownership or financial interest in this business, ever held an interest in an independent used motor vehicle or parts dealership? If so, provide name of person, name of business, and period of licensure: _____	Yes	No
7.	Has the Designee, or anyone holding an ownership or financial interest in this business, ever had a license revoked, suspended, or otherwise sanctioned by any board or agency? If yes, provide name of person and explanation: _____	Yes	No
8.	Has the Designee, or anyone holding an ownership or financial interest in this business, ever been denied issuance of, or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in any state, including Georgia? If yes, provide name of person and explanation: _____	Yes	No
9.	Has the Designee, or anyone holding an ownership or financial interest in this business, ever been convicted of, pled nolo contendere to, or received First Offender Treatment for a crime ? If yes, provide a complete list of all convictions, nolo contendere pleas, or crimes for which First Offender Treatment was given. Detail dates and locations where such convictions, nolo pleas, or First Offender Treatments occurred. Include certified court final dispositions. Failure to provide complete and true information as requested allows the Board to refuse to grant a license (O.C.G.A. § 43-1-19(a)(2)), or if a license is issued because of failure to provide complete and true information, the Board may immediately suspend that license(O.C.G.A. § 43-47-8(l)).	Yes	No



OWNERSHIP/RELATIONSHIP INFORMATION

SOLE PROPRIETORSHIP

OWNER NAME: _____	Telephone: _____
RESIDENCE: _____	
Street (Not A P.O. Box)	City, State, Zip Code

CORPORATIONS & LIMITED LIABILITY COMPANIES

LEGAL NAME OF BUSINESS: _____	
DATE REGISTERED WITH GA SECRETARY OF STATE: _____	
PRINCIPAL OFFICERS OR MEMBERS (Attached Additional Pages If Needed):	
Name: _____	Title: _____ Telephone: _____
Residence: _____	
Street (Not A P.O. Box)	City, State, Zip Code
Name: _____	Title: _____ Telephone: _____
Residence: _____	
Street (Not A P.O. Box)	City, State, Zip Code
Name: _____	Title: _____ Telephone: _____
Residence: _____	
Street (Not A P.O. Box)	City, State, Zip Code

PARTNERSHIPS

PARTNERS:	
Name: _____	Title: _____ Telephone: _____
Residence: _____	
Street (Not A P.O. Box)	City, State, Zip Code
Name: _____	Title: _____ Telephone: _____
Residence: _____	
Street (Not A P.O. Box)	City, State, Zip Code
Name: _____	Title: _____ Telephone: _____
Residence: _____	
Street (Not A P.O. Box)	City, State, Zip Code



AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE

For a Corporation or Limited Liability Company

I, _____,
President or Secretary of Corporation or LLC

hereby name _____
Name of Designee

as the Designated Agent for the Corporation or LLC that appears on this application for licensure. This Affidavit gives the Designee all rights and responsibilities of a license holder on behalf of the Corporation or LLC and shall provide that actions or omissions of the Corporation or LLC, its officers, members, employees, agents, assigns, or designees in violation of the Used Motor Vehicle Dealers Act or in violation of the Used Motor Vehicle Parts Dealers Board Rules shall subject the license holder and the Corporation or LLC to any sanctions which may be imposed under the Used Motor Vehicle Dealers Act or under the Used Motor Vehicle Parts Dealers Board Rules.

I understand that should the Designated Agent terminate employment or otherwise become unauthorized to hold the license, submission of a new application will be required to change the Designee.

Signature: President or Secretary
of Corporation or LLC

Date

Signature: Designee of Corporation or LLC

Date

For Partnership

We, the below named partners, hereby name

Name of Designee

as the Designated Agent for licensure of the business that appears on this application for licensure. This affidavit gives the Designee all rights and responsibilities of a license holder on behalf of the Partnership and shall provide that actions or omissions of the partnership, its partners, employees, agents, assigns, or designees in violation of the Used Motor Vehicle Dealers Act or in violation of the Used Motor Vehicle Parts Dealers Board Rules shall subject the license holder and the partnership to any sanctions which may be imposed under the Used Motor Vehicle Dealers Act or under the Used Motor Vehicle Parts Dealers Board Rules.

We understand that, should the Designated Agent terminate employment or otherwise become unauthorized to hold the license, an application will be required to change the designee.

Signature: Partner

Date

Signature: Partner

Date

Signature: Designee

Date

NOTARY: State of _____

County of _____

Subscribed and Sworn to before me

this _____ day of _____, 20____.

Notary Public Signature: _____

My Commission Expires: _____

O.C.G.A. §45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL

APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Registration of Used Motor Vehicle Dealers & Used Motor Vehicle Parts Dealers, and I agree to abide by these laws and rules, as amended from time to time.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Board may suspend my registration without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ **I am a United States citizen** 18 years of age or older. **You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document.**
- 2) _____ **I am not a United States citizen**, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number. When submitting a "green card", please provide a copy of the front and back of the card.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-1(f)(1), with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Print Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____ 20_____

NOTARY PUBLIC SIGNATURE
MY COMMISSION EXPIRES:

Georgia requires a legible ink seal for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal legible when digitized.

NOTARY SEAL

ZONING CERTIFICATION
USED MOTOR VEHICLE PARTS DEALER

THIS IS TO CERTIFY THAT

Dealership Name: _____

Owner(s): _____

Street Address

City, State, Zip

has met all zoning standards that are required to operate the proposed used motor vehicle parts dealer establishment in the

☐ county / ☐ city of _____ and that current zoning standards will allow a permanent sign on the property that apprises consumers of the dealership.

SIGNATURE OF ZONING COMMISSIONER

PRINTED NAME OF ZONING COMMISSIONER

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

O.C.G.A. §45-17-6 requires legible seals for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL



BOND INFORMATION

Bond Number: _____ County: _____

LICENSED LOCATION ADDRESS: _____

KNOW ALL MEN BY THESE PRESENTS, that we, _____, as Principal, and _____ as Surety, are held and firmly bound unto HIS EXCELLENCY, Governor of Georgia, and his successors in office in the just sum of TEN THOUSAND AND NO/100 (\$10,000) DOLLARS, for the use and benefit of any purchasers of any used motor vehicle or part and their vendees or successors in title, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and assigns, each and every one of them, jointly and severally, by these presents.

It is further understood and agreed that this Bond is for a period beginning on the _____ day of _____, 20____, and ending on the 31st day of December, 20____.

Whereas, the above bound _____, Principal and Dealer, has made

Business Name

application to the State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers for a license as a used motor vehicle parts dealer in accordance with the laws governing State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers:

NOW THEREFORE, the conditions of this obligation are such that if the above bound Principal shall promptly pay all loss, damages, and expenses that may be sustained by any purchaser of any used motor vehicle or part, his vendees or successors in title, that may be occasioned by reason of any fraudulent misrepresentations as to liens or titles or by any breach of any warranty as to liens or titles of such used motor vehicle or part being sold, then the bond is to be void, otherwise, it is to remain of full force and effect.

It is a further condition that every person entitled to the protection of this Bond who has not been reimbursed for all loss, damages, or expenses occasioned by reason of any fraudulent misrepresentation as to liens or titles or by any breach of warranty as to liens or titles of such used motor vehicle or part being sold shall have the right to sue on this Bond for amount of said loss, damages, and expenses unpaid at the time of the commencement of such action and to prosecute such action to final execution and judgment for the sum due him/her.

It is agreed that this Bond is executed pursuant to and in accordance with the provisions of O.C.G.A. Section 43-47-8(g) et seq, governing the registration of used motor vehicle dealers and used motor vehicle parts dealers in Georgia, and is intended to be and shall be construed to be a Bond in compliance with the requirements thereof.

IN WITNESS WHEREOF, the Principal and Surety have caused these presents to be duly signed and executed under seal, this _____ day of _____, 20____.

Licensee (Principal) Signature

Surety – Name of Company

By Attorney-in-Fact

Address

Countersigned: _____
Resident Agency Signature

Bond must be signed. Power of Attorney must be submitted with Bond. Cancellation Clause – “No licensee shall cancel, or cause to be cancelled, a bond issued pursuant to the Code Section unless the Board is informed in writing by a certified letter at least 30 days prior to the proposed cancellation.” O.C.G.A. Section 43-47-8(i)